

ANSI ASC X12N 837v4010A1 Medical Data Specifications Change Log

Date of Change	Page	Loop/ Txn	Segment/ Element Ref	Segment Name	Data Element/Field Name (Industry)	Description of Change
07/14/2006	81	2310D	NM101	Service Facility Location	Service Location	Added code '77' service location for origin and destination address information for ambulance billing.
07/14/2006	81	2310D	NM103	Service Facility Location	Alias	Added "Provider Name" to field. This field now reads: "Alias: Laboratory/Facility Name/Provider Name."
07/14/2006	81	2310D	Example/ Medi-Cal Note	Service Facility Location	Example	Added Example: NM1*77**AMBULANCE PROV NAME*****~.
07/14/2006	81	2310D	Example/ Medi-Cal Note	Service Facility Location	Medi-Cal Note	Added "or origin address of the service location for ambulance billing." This field now reads: "Medi-Cal uses this segment to capture the outside laboratory, facility name or origin address of the service location for ambulance billing"
07/14/2006	82	2310D	N302	Service Facility Location Address	Address Information	Added N302 Address 2 segment field. This field now reads: "Alias: Laboratory/Facility Address 2"
07/14/2006	137	2420C	NM101	Service Facility Location	Service Location	Added code '77' service location for origin and destination address information for ambulance billing.
07/14/2006	137	2420C	NM103	Service Facility Location	Alias	Added "Provider name" to field. This field now reads: "Alias: Service Facility Location Name/Provider Name"
07/14/2006	137	2420C	Example/ Medi-Cal Note	Service Facility Location	Example	Added Example: NM1*77**AMBULANCE PROV NAME*****~.
07/14/2006	137	2420C	Example/ Medi-Cal Note	Service Facility Location	Medi-Cal Note	Added "This should only be included in the 2400 loop for ambulance mileage service line" to the Medi-Cal Note in the Example field.
07/14/2006	138	2420C	N302	Service Facility Location Address	Address Information	Added N302 Address 2 segment field. This field now reads: "Alias: Service Facility Location Address 2"
01/02/2006	39	2010BB	NM1	Payer Name	Payer Name	Added Medi-Cal Note to indicate "As of July 1, 2006 it is not necessary to include "Medi-Cal MED" in the Payer Name (NM1) segment."
01/02/2006	53	2300	PWK02	Claim Supplemental Information	Attachment Transmission Code	Added Medi-Cal Note to indicate "Currently, Medi-Cal will accept only 'BM', 'EL', and 'FX'."
01/02/2006	56	2300	AMT	Total Purchase Service Amount	Total Purchase Service Amount	Added AMT – Total Purchased Service Amount. This is effective for dates of service on or after July 1, 2006.
01/02/2006	66	2300	CRC	Patient Condition Information Vision	Patient Condition Information: Vision	Added CRC – Patient Condition Information: Vision. This is effective for dates of service on or after July 1, 2006.
01/02/2006	All	All	All	All	All	Added Medi-Cal Note to indicate the corresponding HCFA 1500 paper claim field/box number.
08/08/2005	Title pg	NA	NA	NA	NA	Updated notes to indicate for Dialup, Tape & Internet Submissions.
08/08/2005	7	NA	ISA16	Interchange Control Header	Component Element Separator	Added Medi-Cal Note: X'1F' ANSI recommended Sub element Separator.
08/08/2005	69	2310A	NM109	Referring Provider Name	Identification Code	Add Medi-Cal Note to indicate the first 10 characters will be used.
08/08/2005	73	2310B	NM109	Rendering Provider Name	Identification Code	Add Medi-Cal Note to indicate the first 10 characters will be used.
08/08/2005	77	2310D	NM109	Service Facility Location	Identification Code	Add Medi-Cal Note to indicate the first 10 characters will be used.
08/08/2005	84	2320	CAS02	Claim Level Adjustments	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.

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08/08/2005	84	2320	CAS03	Claim Level Adjustments	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	84	2320	CAS05	Claim Level Adjustments	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	84	2320	CAS06	Claim Level Adjustments	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	85	2320	CAS08	Claim Level Adjustments	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	85	2320	CAS09	Claim Level Adjustments	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	85	2320	CAS11	Claim Level Adjustments	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	85	2320	CAS12	Claim Level Adjustments	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	85	2320	CAS14	Claim Level Adjustments	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	85	2320	CAS15	Claim Level Adjustments	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	86	2320	CAS17	Claim Level Adjustments	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	86	2320	CAS18	Claim Level Adjustments	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	87	2320	AMT02	COB Payer Paid Amount	Monetary Amount	Updated existing Medi-Cal Note to indicate providers must bill other health insurance coverage or Medicare prior to billing Medi-Cal.
08/08/2005	88	2320	AMT	COB Approved Amount	NA	Added Segment.
08/08/2005	88	2320	AMT01	COB Approved Amount	Amount Qualifier Code	Selected Qualifier Code "AAE".
08/08/2005	88	2320	AMT02	COB Approved Amount	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	89	2320	AMT	COB Allowed Amount	NA	Added Segment.
08/08/2005	89	2320	AMT01	COB Allowed Amount	Amount Qualifier Code	Selected Qualifier Code "B6"
08/08/2005	89	2320	AMT02	COB Allowed Amount	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	91	2320	AMT02	COB Patient Paid Amount	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	95	2330A	NM109	Other Subscriber Name	Identification Code	Added Medi-Cal Note: Health Insurance Claim (HIC) Number. Medi-Cal will only use the first 12 characters.
08/08/2005	99	2330B	NM109	Other Payer Name	Identification Code	Added Medi-Cal Note to indicate first 5 characters will be used.
08/08/2005	100	2330B	DTP03	Claim Adjudication Date	Date Time Period	Added Medi-Cal Note: Explanation of Medicare Benefits (EOMB) Date. Medi-Cal will only use the first 8 characters.
08/08/2005	101	2330B	REF	Other Payer Secondary Identifier	NA	Added Segment.

Date of Change	Page	Loop/ Txn	Segment/ Element Ref	Segment Name	Data Element/Field Name (Industry)	Description of Change
08/08/2005	101	2330B	REF02	Other Payer Secondary Identifier	Reference Identification	Added Medi-Cal Note to indicate first 15 characters will be used; Medicare Internal Control Number (ICN).
08/08/2005	128	2420A	NM109	Rendering Provider Name	Identification Code	Added Medi-Cal Note to indicate first 10 characters will be used.
08/08/2005	132	2420C	NM109	Service Facility Location	Identification Code	Added Medi-Cal Note to indicate first 10 characters will be used.
08/08/2005	137	2420F	NM109	Referring Provider Name	Identification Code	Added Medi-Cal Note to indicate first 10 characters will be used.
08/08/2005	141	2430	SVD01	Line Adjudication Information	Identification Code	Added Medi-Cal Note to indicate first 5 characters will be used.
08/08/2005	141	2430	SVD02	Line Adjudication Information	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	141	2430	SVD03	Line Adjudication Information	Product/Service ID	Added Medi-Cal Note to indicate first 5 characters will be used.
08/08/2005	142	2430	SVD05	Line Adjudication Information	Quantity	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	142	2430	SVD06	Line Adjudication Information	Assigned Number	Added Medi-Cal Note to indicate first 2 characters will be used.
08/08/2005	143	2430	CAS02	Line Adjustment	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	143	2430	CAS03	Line Adjustment	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	143	2430	CAS05	Line Adjustment	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	143	2430	CAS06	Line Adjustment	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	144	2430	CAS08	Line Adjustment	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	144	2430	CAS09	Line Adjustment	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	144	2430	CAS11	Line Adjustment	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	144	2430	CAS12	Line Adjustment	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	144	2430	CAS14	Line Adjustment	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	144	2430	CAS15	Line Adjustment	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	145	2430	CAS17	Line Adjustment	Claim Adjustment Reason Code	Added Medi-Cal Note to indicate first 3 characters will be used.
08/08/2005	145	2430	CAS18	Line Adjustment	Monetary Amount	Added Medi-Cal Note to indicate first 9 characters will be used.
08/08/2005	146	2430	DTP03	Line Adjudication Date	Date Time Period	Added Medi-Cal Note: Explanation of Medicare Benefits (EOMB) Date. Medi-Cal will only use the first 8 characters.

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07/25/2005	22	2010AA	NM1	Billing Provider Name	Example	Revision to the Example listed in the NM1 Billing Provider Name per DHS (IDCN 6927).
03/16/2005	all	NA	NA	NA	NA	Fixed erroneous duplication of segments and elements.
01/21/2005	all	NA	NA	NA	NA	Reformatted document in its entirety.
01/21/2005	48	2300	PWK01	Claim Supplemental Information	Attachment Report Type Code	Added PWK segment to link attachments with electronic claims.
01/21/2005	48	2300	PWK02	Claim Supplemental Information	Attachment Transmission Code	Added PWK segment to link attachments with electronic claims.
01/21/2005	48	2300	PWK05	Claim Supplemental Information	Identification Code Qualifier	Added PWK segment to link attachments with electronic claims.
01/21/2005	48	2300	PWK06	Claim Supplemental Information	Attachment Control Number	Added PWK segment to link attachments with electronic claims.

The page numbers for the following changes are based on the previous format. They do not apply to the current format of the specifications.

Date of Change	Page	Loop / Txn	Segment/ Element Ref	Segment Name	Data Element/Field Name (Industry)	Description of Change
12/15/2003	1	2300	CLM02	Claim Information	Total Claim Charge Amount	Changed number of characters captured by Medi-Cal (length in parenthesis) from 10 to 9.
12/15/2003	3	2300	CLM12	Claim Information	Special Program Indicator	Added clarifying language and removed references to specific codes. Codes may be found in the implementation guide.
12/15/2003	7	2300	AMT02	Patient Paid Amount	Patient Amount Paid	Changed the number of characters captured by Medi-Cal (length in parenthesis) from 10 to 9.
12/15/2003	8	2300	NTE01	Claim Note	Note Reference Code	Added clarification statement to use the CER qualifier when submitting an Emergency Certification Statement.
12/15/2003	12	2300	HI01-3, -4, -5, -6, -7	Health Care Information Codes		Removed HI01-3 thru HI01-7 since subelements not used.
12/15/2003	12	2300	HI02	Health Care Information Codes	Diagnosis (Composite)	Bolded heading
12/15/2003	16	2310 D	NM103	Service Facility Location	Service Facility or Laboratory Last Name	Added clarifying language
12/15/2003	18	2320	SBR09	Other Subscriber Information	Claim Filing Indicator Code	Bolded since Medi-Cal captures this data.

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Date of Change	Page	Loop / Txn	Segment/ Element Ref	Segment Name	Data Element/Field Name (Industry)	Description of Change
12/15/2003	21	2320	AMT02	Payer Prior Payment	Other Payer Patient Paid Amount	Changed number of characters captured by Medi-Cal (length in parenthesis) from 10 to 9. Added clarifying language.
12/15/2003	21	2320	AMT02	Payer Prior Payment	Other Payer Patient Paid Amount	Changed number of characters captured by Medi-Cal (length in parenthesis) from 10 to 9. Added clarifying language.
12/15/2003	26	2400	SV101-7	Professional Service		Removed SV101-7 since subelement not used.
12/15/2003	26	2400	SV102	Professional Service	Line Item Charge Amount	Changed the number of characters captured by Medi-Cal (length in parenthesis) from 10 to 9.
12/15/2003	28	2400	SV109	Professional Service	Emergency Indicator	Unbolded since Medi-Cal does not capture the indicator.
12/15/2003	35	2400	DTP02	Service Date	Date Time Period Format Qualifier	Added clarifying language around use of RD8 qualifier format and added D8 qualifier.
12/15/2003	36	2400	REF02	Line Item Control Number	Line Item Control Number	Removed Medi-Cal length (1/2).
12/15/2003	38	2420 A	PRV03	Rendering Provider Specialty	Provider Taxonomy Code	Bolded since Medi-Cal captures this data.
12/15/2003	39	2420 C	NM103	Service Facility Location	Service Facility or Laboratory Last Name	Added clarifying language.
12/15/2003	41	2420 F	NM103	Referring Provider Name	Referring Provider Last Name	Bolded since Medi-Cal captures this data.
12/15/2003	42	2420 F	PRV03	Referring Provider Specialty	Referring Provider Taxonomy	Bolded since Medi-Cal captures this data.